**SCHOOL TESTING TRACKING SHEET**

School Name: _____ Weather Conditions: _____
School Location: _____ *Type of Radon Test: _____

Name of Tester: _____ Telephone #: _____
Mailing Address: _____
_____

| Detector ID # | Location | Start Date | Start Time | End Date | End Time | Additional Comments |
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*Note: AC = Activated Charcoal Adsorption Device
AT = Alpha Track Detectors
EC = Electret Ion Chamber
LS = Charcoal Liquid Scintillation
CR = Continuous Radon Monitor